# KENTUCKY BOARD OF VETERINARY EXAMINERS P.O. Box 1360 Frankfort, Kentucky 40602

#### **Certified Animal Control Agency Annual Renewal Form**

KRS 321.207 and 201 KAR 16:015 Section 6 require each certified animal control agency to renew their certification by March 1 of each year. This current certification will expire March 1, 2014. Failure to renew certification shall constitute sufficient cause for termination. Certifications not renewed by May 1, 2014 (completed renewal form and renewal fee received postmarked prior to May 1, includes 60 day grace period) will terminate. You are hereby advised that, should you not renew your certification in a timely manner, you must CEASE AND DESIST operation as a certified animal control agency in Kentucky.

#### FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- □ Complete this form by filling in the information requested below and on the backside. Incomplete forms <u>will be</u> returned.
- □ Attach appropriate renewal fee: Forms received without the correct fee will be returned.

All checks must be made payable to the Kentucky State Treasurer.

- ✓ Renewals mailed on or before March 1; (must be postmarked on or before March 1-no exceptions) \$50.00
- ✓ Renewals mailed March 2 through May 1; (must be postmarked on or before May 1-no exceptions) \$60.00
- Return this form and fee to the address listed above on or before March 1. Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.

#### TO BE COMPLETED BY ALL DESIGNATED ON-SITE MANAGERS (Please Print):

Agency Name:	License N	umber:	
Address:			
Street or Box Number	City	State	Zip
Name of Designated On-Site Manager of the	he Shelter		
Office Phone Number:			
Has the Drug Enforcement Administration  ☐ Yes (Attach documentation)  ☐ No	(DEA) taken any action against your	DEA registration?	
Please mark the appropriate box:			
☐ Currently on Active Status. (Renewal	fee required)		
☐ Requesting Termination. (Renewal fee	e not required)		

I hereby swear or affirm under the penalties of perjury, that the statement	ents made in this application are true and
complete. Signature required for processing. Forms not signed will be return	rned and subject to late penalties if not
returned by the deadlines stated.	
Signature:	Date:

## THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE CONCERNING RENEWAL

### ON-LINE PAYMENT OF YOUR RENEWAL FEE IS AVAILABLE

If you have a MasterCard or Visa Card and are interested in paying your <u>renewal</u> fee electronically, please follow the instructions listed on the Kentucky Board of Veterinary Examiners web site:

http://bve.ky.gov

For further information, contact the board office at 502-564-3296 ext. 230 or via email at <a href="mailto:lucie.duvall@ky.gov">lucie.duvall@ky.gov</a>

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